

FILED DEC 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5018

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No.			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>25 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3205 E. 30th</u>				d. STREET ADDRESS (If rural, give location) <u>3205 E. 30th</u>					
3. NAME OF DECEASED a. (First) <u>Lydia</u> (Type or Print)		b. (Middle)		c. (Last) <u>Ingram</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11</u> <u>27</u> <u>1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Aug. 25, 1867</u>			
9. AGE (In years last birthday) <u>83</u>		10. MONTHS <u>8</u>		11. DAYS <u>27</u>		12. HOURS & MIN. <u>8:00</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired). <u>At Home</u>				10b. KIND OF BUSINESS OR INDUSTRY					
11. BIRTHPLACE (State or foreign country) <u>Oskaloosa, Iowa</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Albert Rogers</u>				13b. MOTHER'S MAIDEN NAME <u>Nancy Boner</u>		14. NAME OF HUSBAND OR WIFE <u>Jeff Ingram</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service). <u>NO</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Chester L. Demaree; 3205 E. 30th St.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Failure</u> ANTECEDENT CAUSES Due to (b) <u>Hypertensive Heart Disease</u> Due to (c) <u>Generalized Atherosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 years</u> <u>20 years</u> <u>44 years</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City</u> <u>Jackson</u> <u>Mo.</u>		21d. HOW DID INJURY OCCUR			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
22. I hereby certify that I attended the deceased from <u>Sept 15, 1946</u> , to <u>Nov 27, 1950</u> , that I last saw the deceased alive on <u>Nov 27, 1950</u> , and that death occurred at <u>10:45</u> p.m., from the causes and on the date stated above.									
23a. SIGNATURE <u>Richard L. Lehner</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>1102 Grand Kansas City, Mo.</u>		23c. DATE SIGNED <u>11/28/50</u>			
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11 - 30 - 50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Parker</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas</u>			
DATE REC'D BY LOCAL REG. <u>11-28-50</u>		REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FREEMAN MORTUARY & CHAPEL, K.C., MO.</u>					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Mr. Lehnert - Bryant + Bl. by.
1 pm - 6 pm.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.

Licensed Embalmer No. 2939

P. O. Address K. O. 240

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.